

Exhibit A



Advocates for Workplace Fairness

August 3, 2017

By FedEx & Email

John B. Douglass
Supervisory Investigator
U.S. Equal Employment Opportunity Commission
33 Whitehall Street, 5th Floor
New York, NY 10004
John.douglass@eeoc.gov

RECEIVED
2017 AUG-4 PM 12:48
EEOC

Re: Kaloma Cardwell/Davis Polk & Wardwell LLP

Dear Mr. Douglass:

This firm represents the charging party, Kaloma Cardwell. Enclosed for filing is a charge of discrimination. Please file it and inform us of the charge number.

Please ensure that we receive copies of all notices or other correspondence with our client. In addition, we request a copy of the Respondent's position statement so that we may respond to it.

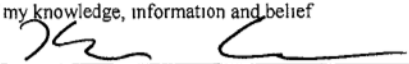
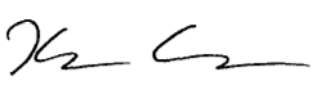
Please call me if you have any questions.

Sincerely yours,

Cara E. Greene

c: Monique E. Chase, Esq.

Enclosures

CHARGE OF DISCRIMINATION		AGENCY		CHARGE NUMBER	
This form is affected by the Privacy Act of 1974, See Privacy Act Statement before completing this form		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC			
NYC Human Rights Commission and EEOC <i>State or local Agency, if any</i>					
NAME (<i>Indicate Mr, Ms, Mrs</i>) Mr. Kaloma Cardwell			HOME TELEPHONE (<i>Include Area Code</i>) 267-408-8392		
STREET ADDRESS 10 West 135 th Street, Apt. 1B		CITY, STATE & ZIP CODE New York, NY 10037		DATE OF BIRTH 5/10/1984	
NAME OF THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)					
NAME Davis Polk & Wardwell LLP		NUMBER OF EMPLOYEES, MEMBERS 900+		TELEPHONE (<i>Include Area Code</i>) 212-450-4000	
STREET ADDRESS CITY, STATE, AND ZIP CODE 450 Lexington Avenue, New York, NY 10017			COUNTY New York		
NAME			TELEPHONE NUMBER (<i>Include Area Code</i>)		
STREET ADDRESS CITY, STATE, ZIP CODE			COUNTY		
CAUSE OF DISCRIMINATION BASED ON (<i>Check appropriate box(es)</i>) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> AGE <input type="checkbox"/> RETALIATION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER				DATE DISCRIMINATION TOOK PLACE EARLIEST (ALL) LATEST (ALL) July 1, 2017 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (<i>If additional paper is needed, attach extra sheet (s):</i>) Please see attached.					
<input checked="" type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedure. I declare under penalty of perjury that the foregoing is true and correct				*NOTARY – (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief  SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day month, and year) Shante Greene 27/7/2017	
7/27/17 Date		 Charging Party (Signature)			

EEOC FORM 5 (Test 10/94)

